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"Leadership, Partnership, and Championship"

NIH Clinical Advisory: Treating Hypertension in the Patient with Type 2 Diabetes

Clinical Advisory: Treating Hypertension in the Patient with Type 2 Diabetes

Statement by Claude Lenfant, M.D., Director National Heart, Lung, and Blood Institute National Heart, Lung, and Blood Institute (NHLBI)

30 May 2000

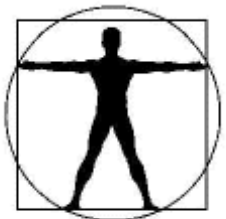
A new clinical advisory issued by the National High Blood Pressure Education Program (NHBPEP) recommends that physicians pursue a more aggressive treatment approach to lower the blood pressure of patients who have both hypertension and diabetes. The NHBPEP is coordinated by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health. The "2000 Clinical Advisory Treatment of Hypertension and Diabetes," is published in the latest issue of The Journal of Clinical Hypertension.

Both diabetes and hypertension are independent risk factors for cardiovascular disease (CVD). The advisory indicates that the coexistence of these conditions in a patient imposes a need for a significantly lower goal blood pressure (135/80 mm Hg) than the goal blood pressure recommended for a patient with hypertension who does not have diabetes (140/90 mm Hg). Over 5 million Americans have type 2 diabetes and high blood pressure. Uncontrolled hypertension leads to stroke, heart failure, and kidney failure. It is clear that the combination of these two CVD risk factors has important public health implications.

This new report is part of a series of clinical advisories being issued by NHLBI to raise health professional and consumer awareness of the health dangers posed by high blood pressure. On May 4, 2000, NHLBI issued a clinical advisory to draw attention to the problem of high systolic blood pressure. Systolic blood pressure measures the force exerted by the blood as it flows through the arteries when the heart contracts. It is expressed as the top number of the blood pressure reading and now is recognized to be the most important indicator of heart disease risk in adults age 60 and older.

For additional information visit the National Institute of Health

<http://www.nih.gov/news/pr/may2000/nhlbi-30.htm>



NATIONAL
MEN'S
HEALTH
WEEK

FITNESS TIP

(Back pain)

An unlucky twist (or a tackle), and your horse-playing days are excruciatingly over. A bulging or ruptured disk can compress your sciatic nerve, shooting pain through your back and down your legs. Most cases respond to physical therapy and anti-inflammatories.

Beat the odds: Take 10 or 15 minutes daily to strengthen the protective muscles around your vulnerable spine: Hit the pullup bar for your upper back and the rowing machine for your lower half. Massages and gentle stretching can help, too; they'll promote flexibility, so an unexpected shock will be less likely to cause problems.

"Every big
problem was
at one time a
wee
disturbance."

-Unknown